



# President Private HOSPITAL

Cnr President Avenue and Hotham Road KIRRAWEE  
PO Box 204 GYMEA NSW 2227  
Phone: (02) 9521 7788 Fax 9545 2659

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## Application for Listing as a Visiting Practitioner

To: The Hospital Director

I, \_\_\_\_\_, wish to apply for listing as a visiting practitioner.  
If accepted, I agree to abide by the By-Laws, regulations, directions and policies as determined from time-to-time by the Medical Advisory Committee.

Residential address and phone numbers: \_\_\_\_\_  
\_\_\_\_\_

Practice address and phone numbers: \_\_\_\_\_  
\_\_\_\_\_

### PROFESSIONAL DATA

Degree/Diploma: \_\_\_\_\_ Issuing Body: \_\_\_\_\_ Year: \_\_\_\_\_

Initial Qualifications: \_\_\_\_\_

Additional Qualifications: \_\_\_\_\_

Current Registration in NSW: Yes  No  Registered Number: \_\_\_\_\_

*Please attach a copy of your current Medical/Dental Board Registration certificate and a copy of your current Professional Indemnity Insurance certificate*

Type of Practice: \_\_\_\_\_

a) If general practice, does it include surgery, obstetrics or specialty procedures?

If so, state experience in these: \_\_\_\_\_

b) Registered specialty: \_\_\_\_\_

Public Hospital Appointments at Date of Application: \_\_\_\_\_

Previous Public Hospital Appointments: \_\_\_\_\_

Other Hospital to which you Admit Patients: \_\_\_\_\_

**LEVEL OF PRIVILEGES SOUGHT**

Medical: \_\_\_\_\_

Surgical: \_\_\_\_\_

Rehabilitation: \_\_\_\_\_

Anaesthesia: \_\_\_\_\_

You are required to inform the hospital of a replacement practitioner (who already has visiting privileges) to attend patients in your absence.

Your Medical Referees: (please nominate two)  
1. \_\_\_\_\_  
2. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

**Hospital Director**

All Credentials verified: \_\_\_\_\_ Yes / No

Comments, if any: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved / Not Approved

**Chairperson Medical Advisory Committee**

Comments, if any: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved / Not Approved

**Senior Management Approval**

Comments, if any: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved / Not Approved

**Decision to Applicant in Writing**

Actioned by: \_\_\_\_\_ Date: \_\_\_\_\_